

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Nebraska Republican Party

ADDRESS (number and street)

1610 N Street

☐Check if different
than previously
reported. (ACC)

Lincoln

NE

68508

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00032334

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2009

through

08

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Rodney Krogh

Signature of Treasurer

Electronically Filed by Rodney Krogh

Date

09

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

All disbursements and expenditures for NEGOP FUNDRAISING MAIL EXPENSE, NEGOP FUNDRAISING EXP TE
KETING, and NEGOP FUNDRAISING EVENT EXPENSE were for fundraising purposes for the state party only;
no federal candidate or federal officeholder was identified in any of these events. Non-federal fun-
ds were not used in connection with any federal election or federal election activity.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 49

Write or Type Committee Name
Nebraska Republican Party

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7. Total Disbursements (from Line 31)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Nebraska Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10710.00	63120.00
(ii) Unitemized	6975.00	82052.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17685.00	145172.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15000.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32685.00	178672.66
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	8541.61	52331.50
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8541.61	52331.50
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41226.61	231004.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32685.00	178672.66

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	1507.35	10329.38	
(ii) Non-Federal Share.....	8541.60	58533.01	
(b) Other Federal Operating Expenditures.....	15984.26	45120.07	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	26033.21	113982.46	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	100.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	5000.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	5100.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	13942.25	110804.87	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	13942.25	110804.87	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40075.46	229887.33	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31533.86	171354.32	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32685.00	178672.66
34. Total Contribution Refunds (from Line 28(d))	100.00	5100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32585.00	173572.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17491.61	55449.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17491.61	55449.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Robert C. Andersen

Mailing Address 4941 S 73rd St.

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Cooperative Coun-
cil

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 90819.C179199

Amount of Each Receipt this Period

600.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Steve & Deborah Bartels

Mailing Address 1246 42 Rd

City

Riverton

State

NE

Zip Code

68972-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90819.C179224

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Carol Cope

Mailing Address 4622 Parkland Dr

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90819.C179220

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

William Fleming

Mailing Address Po Box 137

City

Cedar Bluffs

State

NE

Zip Code

68015-0137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 90918.C179314

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bob Kathol

Mailing Address 954 S 117th Ct

City

Omaha

State

NE

Zip Code

68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smith Hayes Fin. Serv.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 90819.C179189

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michele Killion

Mailing Address 8001 Hickory St

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 90819.C179260

Amount of Each Receipt this Period

260.00

Receipt

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Robert Krohn

Mailing Address 1427 S 85th Avenue

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
PSI Group, Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 90819.C179196

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ryan Kunhart

Mailing Address 9011 Burt Street, Apt. 408

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90918.C179344

Amount of Each Receipt this Period

275.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Janet D. Miller

Mailing Address 2020 Birchwood Rd

City

North Platte

State

NE

Zip Code

69101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 90819.C179192

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Amalia Morehead

Mailing Address 4 Zephir Drive

City

Falls City

State

NE

Zip Code

68355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Maker

Occupation

Home Maker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 90918.C179320

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Floyd Olson

Mailing Address 13636 Montclair Drive

City

Omaha

State

NE

Zip Code

68144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 90819.C179296

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Connie J. and H. Don Osborne

Mailing Address 5204 Izard Street

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houchen Bindery

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 9

Transaction ID: 90819.C179267

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Bob Paden

Mailing Address PO Box 982

City

Stanton

State

NE

Zip Code

68779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanton Telecom Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: 90918.C179362

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Pinkerton

Mailing Address 13695 W Hwy 4

City

Beatrice

State

NE

Zip Code

68310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Transaction ID: 90819.C179181

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kenneth Rhoades

Mailing Address PO Box 328

City

Blair

State

NE

Zip Code

68008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Transaction ID: 90819.C179185

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

J. Peter Ricketts

Mailing Address 1209 Harney Street, Ste. 260

City

Omaha

State

NE

Zip Code

68102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritrade

Occupation

Board of Directors

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90918.C179363

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Paul Schudel

Mailing Address 6300 Andrew Court

City

Lincoln

State

NE

Zip Code

68512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woods & Aitken Law Firm

Occupation

Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 90819.C179191

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dr. Joyce D. Simmons

Mailing Address 220 N Hall

City

Valentine

State

NE

Zip Code

69201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 9

Transaction ID: 90918.C179324

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Elroy Thieszen

Mailing Address 87738 489th Avenue

City

Oneill

State

NE

Zip Code

68763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 90918.C179321

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nancy J. Tyson

Mailing Address 1229 North 28th Ave.

City

Blair

State

NE

Zip Code

68008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tyson Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 90819.C179297

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gerald Vap

Mailing Address 1302 Norris Avenue

City

McCook

State

NE

Zip Code

69001

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Nebraska

Occupation
Public Service Commissioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 90819.C179263

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Gary Warren

Mailing Address 1910 O Street

City

Aurora

State

NE

Zip Code

68818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamilton Tele Co

Occupation

Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 90819.C179262

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

10710.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Lee Terry for Congress

Mailing Address 11717 Burt Street, Suite 106

City

Omaha

State

NE

Zip Code

68154

FEC ID number of contributing
federal political committee.

C

H8NE02139

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90918.C179345

Amount of Each Receipt this Period

5000.00

Receipt

NOTE: Transfer of Excess
Funds

B.

Full Name (Last, First, Middle Initial)

Motorola PAC

Mailing Address 1455 Pennsylvania Avenue, NW Ste 9

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00075341

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 90819.C179281

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Smith for Congress Committee

Mailing Address 3321 Avenue I Ste 6

City

Scottsbluff

State

NE

Zip Code

69361-4587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 90819.C179198

Amount of Each Receipt this Period

5000.00

Receipt

NOTE: Transfer of Excess
Funds

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of Nebraska

Mailing Address Attn: Randy Boldt
PO Box 3248

City Omaha State NE Zip Code 68124-

Purpose of Disbursement
Health Insurance Premiums

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13104

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

359.40

HEALTH INSURANCE PREMIUMS

B. Full Name (Last, First, Middle Initial)
Capitol Resources

Mailing Address 700 Pleasant St

City Brooklyn State IA Zip Code 52211-7725

Purpose of Disbursement
NEGOP Fundraising Exp - Telemarketi

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13105

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

1492.18

NEGOP FUNDRAISING EXP -
TELEMARKETI

C. Full Name (Last, First, Middle Initial)
Capitol Resources

Mailing Address 700 Pleasant St

City Brooklyn State IA Zip Code 52211-7725

Purpose of Disbursement
NEGOP Fundraising Exp - Telemarketi

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13106

Date of Disbursement

08 / 13 / 2009

Amount of Each Disbursement this Period

500.00

NEGOP FUNDRAISING EXP -
TELEMARKETI

SUBTOTAL of Disbursements This Page (optional)

2351.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Capitol Resources	Transaction ID: 90918.E13135 Date of Disbursement
Mailing Address 700 Pleasant St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code Brooklyn IA 52211-7725 Purpose of Disbursement NEGOP Fundraising Exp. - Telemarket Candidate Name	Amount of Each Disbursement this Period <div>271.44</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type NEGOP FUNDRAISING EXP. - TELEMARKET
B. Full Name (Last, First, Middle Initial) Cardinal Communications, Inc.	Transaction ID: 90918.E13107 Date of Disbursement
Mailing Address 925 University Avenue #A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 9</div> </div>
City State Zip Code Sacramento CA 95825- Purpose of Disbursement NEGOP Fundraising Exp - Telemarketi Candidate Name	Amount of Each Disbursement this Period <div>350.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type NEGOP FUNDRAISING EXP - TELEMARKET
C. Full Name (Last, First, Middle Initial) City of Gering Civic Center Fund	Transaction ID: 90918.E13137 Date of Disbursement
Mailing Address PO Box 687	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code Gering NE 69341- Purpose of Disbursement NEGOP Fundraising Event Expense Candidate Name	Amount of Each Disbursement this Period <div>1541.87</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type NEGOP FUNDRAISING EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional)

2163.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Mark Fahleson	Transaction ID: 90918.E13159 Date of Disbursement																				
Mailing Address 1045 Fall Creek Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
City Lincoln State NE Zip Code 68510-	Amount of Each Disbursement this Period																				
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<table border="1"> <tr> <td>1036.62</td> </tr> </table>	1036.62																			
1036.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
REIMBURSEMENT: SEE BELOW																					
B. Full Name (Last, First, Middle Initial) Capital Hilton	Transaction ID: 90918.E13162 Date of Disbursement																				
Mailing Address 1001 16th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
City Washington State DC Zip Code 20036-5701	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEMO Travel Expense	<table border="1"> <tr> <td>455.72</td> </tr> </table>	455.72																			
455.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: MEMO TRAVEL EXPENSE																					
C. Full Name (Last, First, Middle Initial) Delta Air	Transaction ID: 90918.E13161 Date of Disbursement																				
Mailing Address PO Box 20706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
City Atlanta State GA Zip Code 30320-6001	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEMO Travel Expense	<table border="1"> <tr> <td>544.90</td> </tr> </table>	544.90																			
544.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: MEMO TRAVEL EXPENSE																					

SUBTOTAL of Disbursements This Page (optional)

1036.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 49

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Mark Fahleson

Mailing Address 1045 Fall Creek Road

City Lincoln State NE Zip Code 68510-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13160

Date of Disbursement

08 / 20 / 2009

Amount of Each Disbursement this Period

1498.27

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Embassy Suites - DC

Mailing Address 900 10th St, NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
MEMO Travel Expense

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13165

Date of Disbursement

08 / 20 / 2009

Amount of Each Disbursement this Period

686.88

[MEMO ITEM]

MEMO: MEMO TRAVEL EXPEN-
SE

C.

Full Name (Last, First, Middle Initial)

Gaylord National

Mailing Address 201 Waterfront St

City Oxon Hill State MD Zip Code 20745-

Purpose of Disbursement
MEMO Travel Expense

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13166

Date of Disbursement

08 / 20 / 2009

Amount of Each Disbursement this Period

516.68

[MEMO ITEM]

MEMO: MEMO TRAVEL EXPEN-
SE

SUBTOTAL of Disbursements This Page (optional)

1498.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Midwest Express Airlines

Mailing Address 4501 Abbott Drive

City OMAHA State NE Zip Code 68112-

Purpose of Disbursement
MEMO Travel Expense

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13164

Date of Disbursement

08 / 20 / 2009

Amount of Each Disbursement this Period

294.71

[MEMO ITEM]

MEMO: MEMO TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)

Holiday Inn Grand Island

Mailing Address P.O. Box 1501

City Grand Island State NE Zip Code 68802-

Purpose of Disbursement
NEGOP Fundraising Event Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13109

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

850.59

NEGOP FUNDRAISING EVENT
EXPENSE

C.

Full Name (Last, First, Middle Initial)

Meridian Central Public Affairs, LLC

Mailing Address 18331 DuPont Circle

City Omaha State NE Zip Code 68130-

Purpose of Disbursement
NEGOP Fundraising Mail Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13118

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

1082.13

NEGOP FUNDRAISING MAIL EX-
PENSE

SUBTOTAL of Disbursements This Page (optional)

1932.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Meridian Central Public Affairs, LLC	Transaction ID: 90918.E13126 Date of Disbursement																				
Mailing Address 18331 DuPont Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	9													
City Omaha State NE Zip Code 68130- Purpose of Disbursement NEGOP Fundraising Mail Expense Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type NEGOP FUNDRAISING MAIL EX- PENSE																				
B. Full Name (Last, First, Middle Initial) Meridian Central Public Affairs, LLC	Transaction ID: 90918.E13132 Date of Disbursement																				
Mailing Address 18331 DuPont Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	9													
City Omaha State NE Zip Code 68130- Purpose of Disbursement NEGOP Fundraising Mail Expense Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type NEGOP FUNDRAISING MAIL EX- PENSE																				
C. Full Name (Last, First, Middle Initial) NEBRASKA STATE FAIR	Transaction ID: 90918.E13130 Date of Disbursement																				
Mailing Address PO BOX 81223	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	9													
City LINCOLN State NE Zip Code 68501-1223 Purpose of Disbursement Fair Entrance Tickets Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>149.50</td> </tr> </table>	149.50																			
149.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type FAIR ENTRANCE TICKETS																				

SUBTOTAL of Disbursements This Page (optional)

2649.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Perre Neilan

Mailing Address 1536 Van Dorn St

City
Lincoln

State
NE

Zip Code
68502-3944

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90918.E13168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.44

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Perre Neilan

Mailing Address 1536 Van Dorn St

City
Lincoln

State
NE

Zip Code
68502-3944

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90918.E13167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

342.30

MILEAGE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address 711 High St

City
Des Moines

State
IA

Zip Code
50392-0001

Purpose of Disbursement
Dental Insurance Premiums

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90918.E13121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

89.60

DENTAL INSURANCE PREMIUMS

SUBTOTAL of Disbursements This Page (optional)

471.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Principal Financial Group	Transaction ID: 90918.E13145 Date of Disbursement																				
Mailing Address 711 High St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	9												
City Des Moines State IA Zip Code 50392-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dental Insurance Premiums Candidate Name	<table border="1"> <tr> <td colspan="10">95.13</td> </tr> </table>	95.13																			
95.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DENTAL INSURANCE PREMIUMS																				
B. Full Name (Last, First, Middle Initial) Quality Press Inc.	Transaction ID: 90918.E13113 Date of Disbursement																				
Mailing Address 3500 N. 20th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
City Lincoln State NE Zip Code 68521-	Amount of Each Disbursement this Period																				
Purpose of Disbursement NEGOP Fundraising Event Expense Candidate Name	<table border="1"> <tr> <td colspan="10">606.32</td> </tr> </table>	606.32																			
606.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	NEGOP FUNDRAISING EVENT EXPENSE																				
C. Full Name (Last, First, Middle Initial) Quality Press Inc.	Transaction ID: 90918.E13122 Date of Disbursement																				
Mailing Address 3500 N. 20th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	0	9												
City Lincoln State NE Zip Code 68521-	Amount of Each Disbursement this Period																				
Purpose of Disbursement NEGOP Fundraising Event Expense Candidate Name	<table border="1"> <tr> <td colspan="10">921.34</td> </tr> </table>	921.34																			
921.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	NEGOP FUNDRAISING EVENT EXPENSE																				

SUBTOTAL of Disbursements This Page (optional)

1622.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Quality Press Inc.	Transaction ID: 90918.E13141 Date of Disbursement																				
Mailing Address 3500 N. 20th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	9													
<table border="1"> <tr> <td>City Lincoln</td> <td>State NE</td> <td>Zip Code 68521-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement NEGOP Fundraising Event Expense</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Lincoln	State NE	Zip Code 68521-	Purpose of Disbursement NEGOP Fundraising Event Expense		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1036.39</td> </tr> </table>	1036.39											
City Lincoln	State NE	Zip Code 68521-																			
Purpose of Disbursement NEGOP Fundraising Event Expense		<input type="text"/> Category/ Type																			
Candidate Name																					
1036.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ NEGOP FUNDRAISING EVENT EXPENSE																				
B. Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: 90918.E13101 Date of Disbursement																				
Mailing Address 700 R Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	9													
<table border="1"> <tr> <td>City Lincoln</td> <td>State NE</td> <td>Zip Code 68501-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement NEGOP Fundraising Event Expense</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Lincoln	State NE	Zip Code 68501-	Purpose of Disbursement NEGOP Fundraising Event Expense		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>66.74</td> </tr> </table>	66.74											
City Lincoln	State NE	Zip Code 68501-																			
Purpose of Disbursement NEGOP Fundraising Event Expense		<input type="text"/> Category/ Type																			
Candidate Name																					
66.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ NEGOP FUNDRAISING EVENT EXPENSE																				
C. Full Name (Last, First, Middle Initial) Rebecca Weber	Transaction ID: 90918.E13114 Date of Disbursement																				
Mailing Address 2035 S. 50th St, Apt C	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	9													
<table border="1"> <tr> <td>City Lincoln</td> <td>State NE</td> <td>Zip Code 68502-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Mileage Reimbursement</td> <td rowspan="2"> <input type="text"/> 002 Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Lincoln	State NE	Zip Code 68502-	Purpose of Disbursement Mileage Reimbursement		<input type="text"/> 002 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>161.60</td> </tr> </table>	161.60											
City Lincoln	State NE	Zip Code 68502-																			
Purpose of Disbursement Mileage Reimbursement		<input type="text"/> 002 Category/ Type																			
Candidate Name																					
161.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ MILEAGE REIMBURSEMENT																				

SUBTOTAL of Disbursements This Page (optional)

1264.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 6426	Transaction ID: 90918.E13171 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 9</div> </div>
City Carol Stream State IL Zip Code 60197- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>99.35</div> CREDIT CARD: SEE BELOW
B. Full Name (Last, First, Middle Initial) Gaylord National Mailing Address 201 Waterfront St City Oxon Hill State MD Zip Code 20745- Purpose of Disbursement MEMO Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90918.E13174 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>15.90</div> [MEMO ITEM] MEMO: MEMO TRAVEL EXPENSE
C. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 6426 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90918.E13176 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>894.05</div> CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ►

993.40

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
Gaylord National

Mailing Address 201 Waterfront St

City Oxon Hill State MD Zip Code 20745-

Purpose of Disbursement
MEMO Travel Expense

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13180

Date of Disbursement

08 / 11 / 2009

Amount of Each Disbursement this Period

242.44

[MEMO ITEM]

MEMO: MEMO TRAVEL EXPEN-
SE

B.

Full Name (Last, First, Middle Initial)
Midwest Express Airlines

Mailing Address 4501 Abbott Drive

City OMAHA State NE Zip Code 68112-

Purpose of Disbursement
MEMO Travel Expense

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13177

Date of Disbursement

08 / 11 / 2009

Amount of Each Disbursement this Period

294.71

[MEMO ITEM]

MEMO: MEMO TRAVEL EXPEN-
SE

C.

Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 First Street Southeast

City Washington State DC Zip Code 20003-

Purpose of Disbursement
MEMO Registration Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13179

Date of Disbursement

08 / 11 / 2009

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

MEMO: MEMO REGISTRATION
FEES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
UNITED AIRLINES

Mailing Address P.O. BOX 66100

City State Zip Code
AMF OHARE IL 60666-

Purpose of Disbursement
MEMO Travel Expense

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13178

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2009

Amount of Each Disbursement this Period

306.90

[MEMO ITEM]

MEMO: MEMO TRAVEL EXPEN-
SE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

15984.26

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial) Erin Bottger	Transaction ID: 90918.E13146 Date of Disbursement																				
Mailing Address 678 Parkwood Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	9												
City Omaha State NE Zip Code 68132-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Staff Salary Candidate Name	<table border="1"> <tr> <td colspan="10">136.74</td> </tr> </table>	136.74																			
136.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA STAFF SALARY																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Erin Bottger	Transaction ID: 90918.E13147 Date of Disbursement																				
Mailing Address 678 Parkwood Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	9												
City Omaha State NE Zip Code 68132-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Staff Salary Candidate Name	<table border="1"> <tr> <td colspan="10">254.74</td> </tr> </table>	254.74																			
254.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA STAFF SALARY																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: 90819.E13085 Date of Disbursement																				
Mailing Address OGDEN, UTAH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	9												
City OGDEN State UT Zip Code 84201-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Staff Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1845.74</td> </tr> </table>	1845.74																			
1845.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA STAFF PAYROLL TAXES																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

2237.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address OGDEN, UTAH

City OGDEN State UT Zip Code 84201-

Purpose of Disbursement
FEA Staff Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13154

Date of Disbursement

08 / 19 / 2009

Amount of Each Disbursement this Period

1440.78

FEA STAFF PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)
Allie Jorgenson

Mailing Address 2205 Joyce Cir

City Bellevue State NE Zip Code 68005-

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13148

Date of Disbursement

08 / 15 / 2009

Amount of Each Disbursement this Period

874.79

FEA STAFF SALARY

C.

Full Name (Last, First, Middle Initial)
Allie Jorgenson

Mailing Address 2205 Joyce Cir

City Bellevue State NE Zip Code 68005-

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13149

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

824.98

FEA STAFF SALARY

SUBTOTAL of Disbursements This Page (optional)

3140.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
NEBRASKA DEPT OF REVENUE

Mailing Address 301 CENTENNIAL MALL SOUTH

City LINCORN State NE Zip Code 68508-

Purpose of Disbursement
FEA Staff Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13119

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

1067.27

FEA STAFF PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)
Perre Neilan

Mailing Address 1536 Van Dorn St

City Lincoln State NE Zip Code 68502-3944

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13150

Date of Disbursement

08 / 15 / 2009

Amount of Each Disbursement this Period

2490.65

FEA STAFF SALARY

C.

Full Name (Last, First, Middle Initial)
Perre Neilan

Mailing Address 1536 Van Dorn St

City Lincoln State NE Zip Code 68502-3944

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13151

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

2490.65

FEA STAFF SALARY

SUBTOTAL of Disbursements This Page (optional)

6048.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
Rebecca Weber

Mailing Address 2035 S. 50th St, Apt C

City Lincoln State NE Zip Code 68502-

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13152

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA STAFF SALARY

B.

Full Name (Last, First, Middle Initial)
Rebecca Weber

Mailing Address 2035 S. 50th St, Apt C

City Lincoln State NE Zip Code 68502-

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90918.E13153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA STAFF SALARY

SUBTOTAL of Disbursements This Page (optional)

2515.91

TOTAL This Period (last page this line number only)

13942.25

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 / 49

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
Nebraska Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Friends of Senator Dave Karnes

Nature of Debt (Purpose):

-

Mailing Address 625 N. 129th Plaza

City State ZIP Code
Omaha NE 68154-

Outstanding Balance Beginning This Period

4140.00

Transaction ID: LS0128200412C145191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4140.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4140.00

2) **TOTALS** This Period (last page this line number only)..... ▶

4140.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

4140.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 / 49

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Nebraska Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hon. Chuck SigersonNature of Debt (Purpose):
Travel Expenses

Mailing Address 15835 California Street

City State ZIP Code
Omaha NE 68118-

Outstanding Balance Beginning This Period

831.75

Transaction ID: LS0128200457E6217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

831.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Strategic Staff Management, IncNature of Debt (Purpose):
Payroll-Labels-Company Bankrupt

Mailing Address 202 S. 71st Street

City State ZIP Code
Omaha NE 68132-

Outstanding Balance Beginning This Period

11654.33

Transaction ID: LS0128200457E6218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11654.33

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Maverick PoliticalNature of Debt (Purpose):
FEA Exempt/Brochures

Mailing Address 4642 So. 132nd St

City State ZIP Code
Omaha NE 68137-

Outstanding Balance Beginning This Period

3104.41

Transaction ID: LS90130.E12586

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3104.41

1) SUBTOTALS This Period This Page (optional).....

15590.49

2) TOTALS This Period (last page this line number only).....

15590.49

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

15590.49

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 35 / 49
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

125.83

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

125.83

Transaction ID: H390918.C179441

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 36 / 49
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

973.87

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

973.87

Transaction ID: H390918.C179442

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 37 / 49
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

779.12

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

779.12

Transaction ID: H390918.C179443

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 38 / 49
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

3636.30

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

3636.30

Transaction ID: H390918.C179444

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 39 / 49
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

2740.24

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2740.24

Transaction ID: H390918.C179445

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 40 / 49
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

286.25

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

286.25

Transaction ID: H390918.C179446

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

8541.61

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

8541.61

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 41 / 49
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
 First National of Nebraska, Inc.

Mailing Address

1620 Dodge Street

City	State	Zip Code
Omaha	NE	68102-

001

Purpose of Disbursement:
 Merchant Service Fees

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58961.47

Date

M	M
0	8

 /

D	D
0	3

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H490918.E13095

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22.20

125.83

148.03

B. Full Name (Last, First, Middle Initial)
 Union Bank

Mailing Address

PO Box 82535

City	State	Zip Code
Lincoln	NE	68501-

001

Purpose of Disbursement:
 Bank Service Charge

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68862.39

Date

M	M
0	8

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H490918.E13097

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.52

286.25

336.77

C. Full Name (Last, First, Middle Initial)
 US Postmaster

Mailing Address

700 R Street

City	State	Zip Code
Lincoln	NE	68501-

001

Purpose of Disbursement:
 Postage - Admin

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67159.97

Date

M	M
0	8

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H490918.E13102

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.20

74.80

88.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

85.92

486.88

572.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 42 / 49
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
 US Postmaster

Mailing Address

700 R Street

City State Zip Code

Lincoln

NE

68501-

001

Purpose of Disbursement:
 Postage - Admin

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67344.97

Date 08 / 25 / 2009

Transaction ID: H490918.E13103

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

27.75

157.25

185.00

B. Full Name (Last, First, Middle Initial)
 FedEx Kinkos

Mailing Address

PO BOX 1140

City State Zip Code

MEMPHIS

TN

38101-1140

001

Purpose of Disbursement:
 Shipping

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59010.80

Date 08 / 04 / 2009

Transaction ID: H490918.E13108

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.95

11.02

12.97

C. Full Name (Last, First, Middle Initial)
 LINCOLN JOURNAL STAR

Mailing Address

926 P STREET

City State Zip Code

LINCOLN

NE

68508-

001

Purpose of Disbursement:
 Subscription

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59037.60

Date 08 / 04 / 2009

Transaction ID: H490918.E13110

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.02

22.78

26.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

33.72

191.05

224.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 43 / 49
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)

Paulas Cleaning Service

Mailing Address

1618 Morton Street

City State Zip Code

Lincoln

NE

68508-

001

Purpose of Disbursement:

Office Cleaning

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59544.85

Date M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: H490918.E13112

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

59.39

336.51

395.90

B. Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address

Attn: John Flannery 1024 21st Street

City State Zip Code

West Des Moines

IA

50265-

001

Purpose of Disbursement:

Utilities - Cellular

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59148.95

Date M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: H490918.E13115

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.70

94.65

111.35

C. Full Name (Last, First, Middle Initial)

Windstream

Mailing Address

PO Box 30348

City State Zip Code

Atlanta

GA

30348-

001

Purpose of Disbursement:

Utilities - Telephone

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

60107.20

Date M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: H490918.E13116

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

79.35

449.62

528.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

155.44

880.78

1036.22

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 44 / 49
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
 Culligan Water

Mailing Address

1371 S 33rd St

City

State

Zip Code

Lincoln

NE

68510-4508

001

Purpose of Disbursement:
 Bottled Water

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59578.23

Date

08

04

20

09

Transaction ID: H490918.E13117

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.01

28.37

33.38

B. Full Name (Last, First, Middle Initial)
 Alltel

Mailing Address

1440 M St

PO Box 81309

City

State

Zip Code

Lincoln

NE

68501-

001

Purpose of Disbursement:
 Utilities - Cellular

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

61023.81

Date

08

13

20

09

Transaction ID: H490918.E13124

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

20.43

115.78

136.21

C. Full Name (Last, First, Middle Initial)
 INSPRO, INC.

Mailing Address

100 E 6TH ST

P.O. BOX 689

City

State

Zip Code

FREMONT

NE

68025-5030

001

Purpose of Disbursement:
 Insurance Premiums

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

60887.60

Date

08

13

20

09

Transaction ID: H490918.E13125

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

117.06

663.34

780.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

142.50

807.49

949.99

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)

Aristotle Publishing

Mailing Address

205 Pennsylvania Ave SE

City

State

Zip Code

Washington

DC

20003-1164

001

Purpose of Disbursement:

Software/Support

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

63423.81

Date

M M

/

D D

/

Y Y

/

Y Y

Y Y

0 8

1 8

2 0

0 9

Transaction ID: H490918.E13128

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

360.00

2040.00

2400.00

B. Full Name (Last, First, Middle Initial)

Stacey Dieckmann

Mailing Address

4210 G St

City

State

Zip Code

Lincoln

NE

68510-4734

001

Purpose of Disbursement:

Accounting/Business Services

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

65301.81

Date

M M

/

D D

/

Y Y

/

Y Y

Y Y

0 8

1 8

2 0

0 9

Transaction ID: H490918.E13129

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

281.70

1596.30

1878.00

C. Full Name (Last, First, Middle Initial)
BISHOP BUSINESS EQUIPMENT

Mailing Address

2440 O ST

City

State

Zip Code

LINCOLN

NE

68510-

001

Purpose of Disbursement:

Copier Maintenance

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

66497.26

Date

M M

/

D D

/

Y Y

/

Y Y

Y Y

0 8

2 5

2 0

0 9

Transaction ID: H490918.E13133

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

179.32

1016.13

1195.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

821.02

4652.43

5473.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)

Black Hills Energy

Mailing Address

PO Box 4660

City

State

Zip Code

Carol Stream

IL

60197-4660

001

Purpose of Disbursement:

Utilities - Gas

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68525.62

Date

M M

/

D D

/

Y Y

Y Y

0 8

2 5

2 0

0 9

Transaction ID: H490918.E13134

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.86

21.90

25.76

B. Full Name (Last, First, Middle Initial)

Cepter Enterprises

Mailing Address

5100 North 27th, Ste. A2

City

State

Zip Code

Lincoln

NE

68521-

001

Purpose of Disbursement:

Web Site Hosting

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68499.86

Date

M M

/

D D

/

Y Y

Y Y

0 8

2 5

2 0

0 9

Transaction ID: H490918.E13136

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.89

22.06

25.95

C. Full Name (Last, First, Middle Initial)

Hasler Financial Services

Mailing Address

PO Box 45850

City

State

Zip Code

San Francisco

CA

94145-

001

Purpose of Disbursement:

Postage Meter Lease

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68473.91

Date

M M

/

D D

/

Y Y

Y Y

0 8

2 5

2 0

0 9

Transaction ID: H490918.E13138

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

26.64

150.98

177.62

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

34.39

194.94

229.33

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
 Lincoln Electric System

Mailing Address

PO BOX 80869

City	State	Zip Code
LINCOLN	NE	68501-

001

Purpose of Disbursement:
 Utilities - Electric

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67071.97

Date 08 / 25 / 2009

Transaction ID: H490918.E13139

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

86.21

488.50

574.71

B. Full Name (Last, First, Middle Initial)
 Paulas Cleaning Service

Mailing Address

1618 Morton Street

City	State	Zip Code
Lincoln	NE	68508-

001

Purpose of Disbursement:
 Office Cleaning

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68274.29

Date 08 / 25 / 2009

Transaction ID: H490918.E13140

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

59.39

336.51

395.90

C. Full Name (Last, First, Middle Initial)
 RDW Business Services, Inc.

Mailing Address

P.O. Box 22829

City	State	Zip Code
Lincoln	NE	68542-

001

Purpose of Disbursement:
 Payroll Preparation

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67878.39

Date 08 / 25 / 2009

Transaction ID: H490918.E13142

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

14.85

84.15

99.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

160.45

909.16

1069.61

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 48 / 49
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
 TOSHIBA AMERICA

Mailing Address

P.O. BOX 31001-0271

City State Zip Code

Pasadena CA 91110-

001

Purpose of Disbursement:
Copier LeaseCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67779.39

Date 08 / 25 / 2009

Transaction ID: H490918.E13143

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

65.16

369.26

434.42

B. Full Name (Last, First, Middle Initial)
 Zajcek Refuse

Mailing Address

4011 South 31st Street

City State Zip Code

Lincoln NE 68502-

001

Purpose of Disbursement:
Garbage ServiceCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68296.29

Date 08 / 25 / 2009

Transaction ID: H490918.E13144

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.30

18.70

22.00

C. Full Name (Last, First, Middle Initial)
 Stacey Van Zuiden

Mailing Address

11709 Trumble Loup West

City State Zip Code

Bellevue NE 68123-1184

Purpose of Disbursement:
REIMBURSEMENT: SEE BELOWCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58997.83

Date 08 / 03 / 2009

Transaction ID: H490918.E13157

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.45

30.91

36.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

73.91

418.87

492.78

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 49 / 49
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)

Ebay

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

36.36

Mailing Address

2145 Hamilton Ave

City

State

Zip Code

San Jose

CA

95125-

001

Purpose of Disbursement:

MEMO Office Supplies

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 4

[MEMO ITEM] MEMO 001 Office Supplies

Date

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: H490918.E13158

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

5.45

30.91

36.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

1507.35

8541.60

10048.95